## RECORDS CENTER

## RECORD TRANSMITTAL AND RECEIPT FORM

NOTE: Send Original to Record Center. One Receipted Copy Will Be Returned.

SSARC 103 (R 5/03)								
1. Name and Address of Agency								W. Fox McKeithen  SECRETARY OF STATE  DIVISION OF ARCHIVES  RECORDS MANAGEMENT & HISTORY  P.O. BOX 94125, Capitol Station  Baton Rouge, Louisiana 70804-9125
2. Records Officer and Title							3. Date	
							4. Transfer to:	
Phone No.							Records Center	Other:
7. RECORDS CENTER BOX NO.	8. AGENCY BOX NO.	9. DATE OF RECORDS TO BE TRANSFERRED					5. No. of Boxes Transferre	6. Disposal Date
(Records Center Use Only)								
		Month	Year	thru	Month	Year		RECORDS SERIES TITLE
Total Boxes								
. Star Boxes		SECTION BELOW FOR RECORD CENTER USE ONLY						
LC						1		
SECTION	SHELF	Date Received					Date Shelved	Transferred to Records Date Center
Page	Total Pages	Verifie	d By:				I	Records Inspected By: